U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or cryl penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Coly
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	- CIM-SE

1. File Number U - 10500

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING "HIS REPORT.

2. Fiscal Year Covered From:

01/01/57(1) 4 Through: 12/31/2004

Decoragios Union L.39

4. Name, file number, and address of labor organization.

Labor Organization File Number 012-447

P.O. Box, Building and Room Number, if any

Street 615 PINES WAY City COLUMBIA	Street 16115. Broadway		
City COLUMBIA,	City Sy. Louis		
State <u>FL</u> ZIP Code + 4 62236	State M O ZIP Code + 4 C3 1 0 4		
5. Position in labor organization.  TRES.			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Name of Person Filing David L. Nar	Fite Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with.		
Name			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	c. Employer		
City State ZIP Code ÷ 4			
21 0303 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City	11.b. Approximate dollar value of such dealing.      12.a. Nature of interest held or income received.		
State ZIP Code + 4	12a. Hadde of morestical of morne received.		
	+		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Jac Roddy	RECIEVED 1 TICKET		
Trade Name, if any: Potaris Financial	TO HOME, OPENER CARDWAR		
P.O. Box, Bldg., Room No., if any	GAME (ST. LOUIS)		
Street 222 S. Meramac	ALSO DZINKS+ SANDWICH		

ZIP Code + 4 6 3 / 05

or Consultant / ?

14.b. Amount of payment.

13.b. Is the Business an Employer

City

State

4/00